

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF <i>Allen Hanson</i>		COURT CASE NUMBER <i>1:17-cv-00598-WES-PAS</i>	
DEFENDANT <i>RI DOC</i>		TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>RI DOC</i>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>18 State Hill Rd 02920 Cranston</i>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
RI DOC 18 SLATE HIL RD. CRANSTON, RI 02920		Number of parties to be served in this case	
		Check for service on U.S.A.	
		SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):	
Fold		Fold	

Signature of Attorney other Originator requesting service on behalf of:

*Allen Hanson*
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

*4/19/18*

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>70</i>	District to Serve No. <i>70</i>	Signature of Authorized USMS Deputy or Clerk <i>Kal</i>	Date <i>5/11/18</i>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

*NEIL F.X. KELLY, ASST. ATTN. GEN*

Address (complete only different than shown above)

*ON BOARD OF THE  
SOUTH**RR 6.7.18*
☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date

Time

*6/7/18 1:30*
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee <i>65.00</i>	Total Mileage Charges including endeavors <i>.27</i>	Forwarding Fee	Total Charges <i>65.27</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <i>\$0.00</i>
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REMARKS:

*.5 miles  
.5 hr*

## DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☒ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

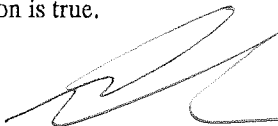
☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_


My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 6/7/18

  
\_\_\_\_\_  
*Server's signature*

Dusan Elden Desilva  
\_\_\_\_\_  
*Printed name and title*

  
\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc: